

Paper March 22<sup>d</sup> 1826

An  
Essay  
on  
Phlegmasia Dolens,  
for the  
Degree  
of  
Doctor of Medicine;  
by  
Isaac P. Smith  
of  
Pennsylvania.  
1825.

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Philadelphia, Pa.

Oct 10, 1861

Dear Sir,

I have the honor to acknowledge the receipt of your letter of the 9th inst.

and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

An  
Essay on  
Phlegmatia Dolens.

The tumid-leg of lying-in women has been described by different authors under a variety of names; as, phlegmatia dolens, phlegmatia lactea, ecchymoma lymphatica, anasarca serosa, oedema and by Dr Good, leucemia sparganosis; or sparganosis puerperarum. These have been the result of the different theories which have been invented to explain the nature of the affection, few of which convey to us any exact meaning, and some are obviously erroneous: Upon the whole, the last, or sparganosis puerperarum is, perhaps, the most appropriate.

This disease attacks women of all ranks and habits; the healthy and the sceleratary; the lean and the corpulent;

Philosophical Poems

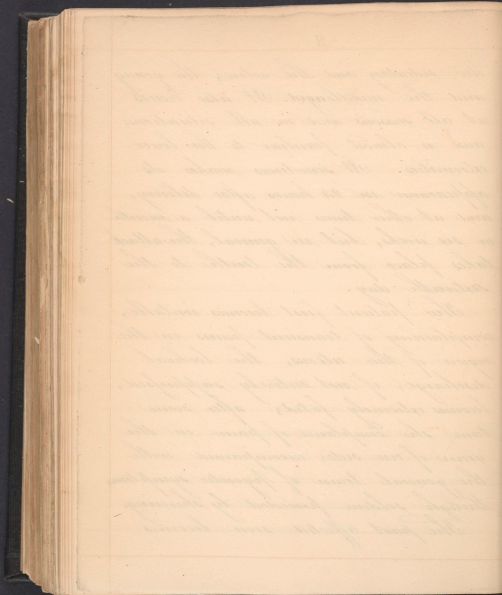
The human mind is a vast and intricate system, and its powers are not yet fully understood. The philosopher seeks to explore the depths of human nature, and to discover the principles which govern our thoughts and actions. In this pursuit, he is often led to the study of the natural world, and to the observation of the laws which govern its operations. The philosopher is a man of deep thought and profound feeling, and his words are often filled with wisdom and insight. He is a man who is not content with the surface of things, but who seeks to understand the hidden truths which lie beneath. His life is a journey of discovery, and his death is a triumph over the limitations of the human condition.



the sedentary and the active; the young and the middle-aged. It also occurs at all seasons and in all situations; and is almost peculiar to the lower extremities. It sometimes makes its appearance in 24 hours after delivery, and at other times not until a month or six weeks, but in general, the attack takes place from the tenth to the sixteenth day.

The patient first becomes irritable, complaining of transient pains in the region of the uterus, the lochial discharge, if not entirely suppressed, becomes extremely fetid; after some time she complains of pain in the groin of one side, accompanied with the general train of pyretic symptoms, though seldom preceded by shivering.

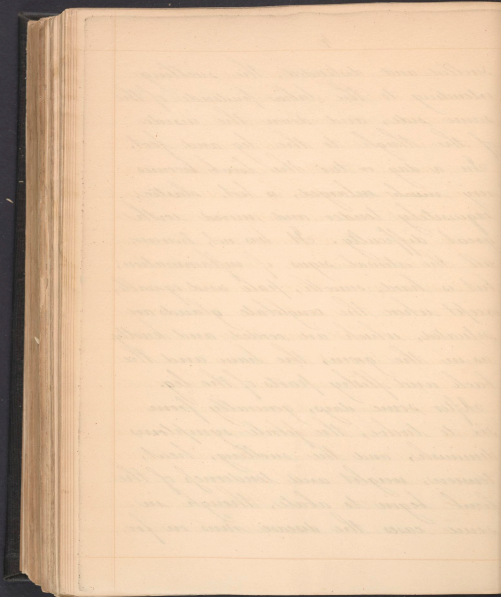
The part affected soon becomes



swelled and distended, the swelling extending to the labia pudendi of the same side, and down the inside of the thigh to the leg and foot.

In a day or two the limb becomes very much enlarged, is hot, elastic, exquisitely tender and moved with great difficulty. It has not, however, all the external signs of inflammation, but is hard, smooth, pale and equable, except where the conglomerate glands are situated, which are corded and knotty, as in the groin, the ham and the back and fleshy parts of the leg.

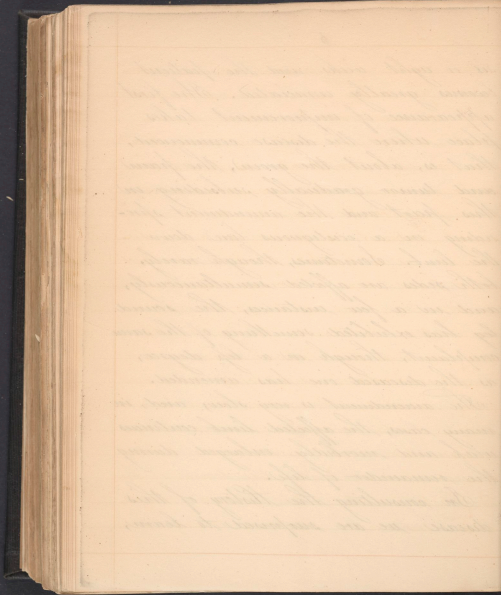
After some days, generally from six to twelve, the febrile symptoms diminish, and the swelling, heat, tension, weight and tenderness of the limb begin to abate, though in some cases the disease runs on for



six or eight weeks and the patient becomes greatly emaciated. The first appearance of improvement takes place where the disease commenced, that is, about the groin, the pain and tumor gradually subsiding in this part and the amendment spreading in a contiguous line down the limb. Sometimes, though rarely, both sides are affected simultaneously, and in a few instances, the sound leg has exhibited something of the same complaint, though in a less degree, as the diseased one has amended.

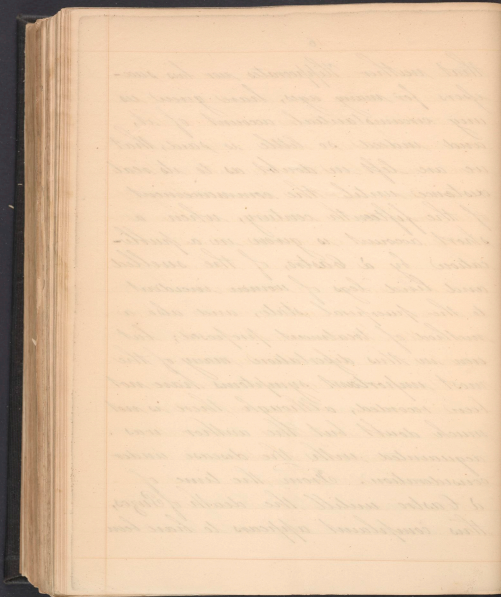
The amendment is very slow, and, in many cases, the affected limb continues weak and morbidly enlarged during the remainder of life.

In consulting the history of this disease we are surprised to learn,



That neither Hippocrates nor his suc-  
 cessors for many ages, have given us  
 any circumstantial account of it,  
 and indeed so little is said, that  
 we are left in doubt as to its real  
 existence until the commencement  
 of the fifteenth century, when a  
 short account is given in a publi-  
 cation by a Castro, of the swelled  
 and hard legs of women incident  
 to the puerperal state, and also a  
 method of treatment proposed; but  
 even in this dissertation many of the  
 most important symptoms have not  
 been recorded, although there is not  
 much doubt but the author was  
 acquainted with the disease under  
 consideration. From the time of  
 a Castro until the death of Puzos,  
 this complaint appears to have been

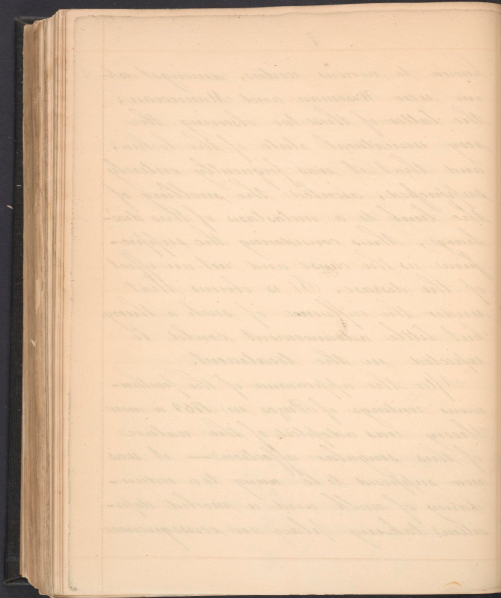






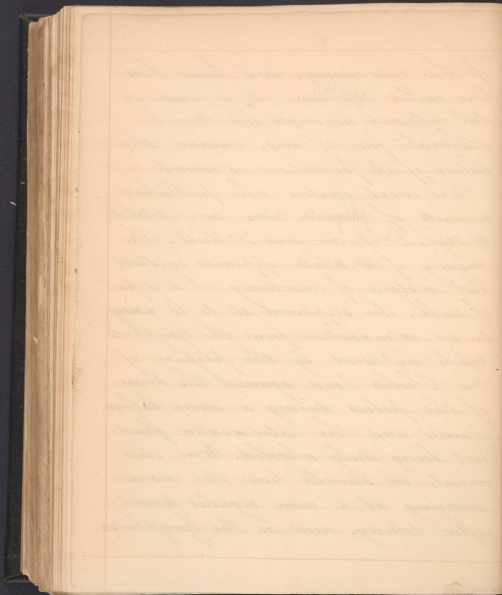
known to various writers, amongst whom were Wiseman and Mauriceau; the latter of these two observing the very unnatural state of the lochia, and that it was frequently entirely suppressed, ascribed the swelling of the limb to a metastasis of this discharge, thus considering the suppression as the cause and not an effect of the disease. It is obvious that under the influence of such a theory, but little advancement could be expected in the treatment.

After the appearance of the posthumous writings of Puzos in 1759 a new theory was adopted of the nature of this singular affection — it was now supposed to be owing to a redundancy of milk and a morbid deposition taking place in consequence



of this redundancy, and hence has been called *depot tailenx*, which name is still retained amongst the French although few, if any, consider this theory of its formation as correct.

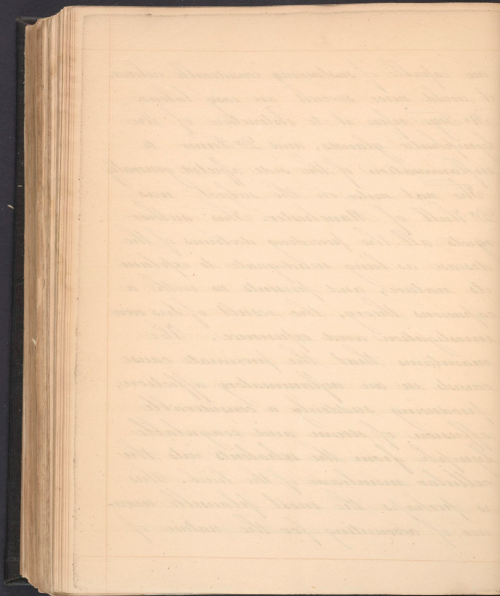
The next writers who published accounts of phlegmatia dolens were Mr White, Mr Snye, Dr Senior and Dr Hull. The inquiry of Mr White appeared in 1834; but instead of considering it a deposit of milk, he supposed it to be owing to an extravasation from the lymphatic vessels ruptured by the pressure of the Child's head against the brim of the pelvis during a severe labour pain, and the extravasated fluid not being duly absorbed. Were this correct, we should have the disease occurring at a more regular period after delivery, and as the lymphatics



are capable of sustaining considerable violence,  
it would never succeed an easy labour.

Mr. Boye refers it to obstruction of the  
lymphatic glands, and Dr. Ferriar to  
inflammation of the side affected generally.

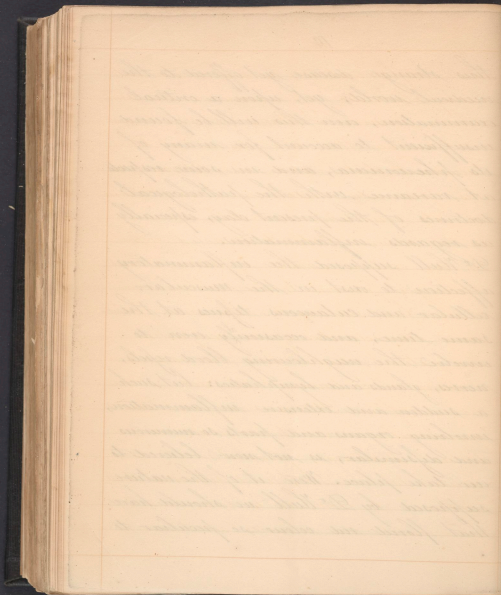
The next writer on the subject was  
Dr. Whill of Manchester. This author  
rejects all the preceding doctrines of the  
disease as being inadequate to explain  
its nature, and presents us with a  
capacious theory, the result of his own  
investigation and experience. He  
maintains that the proximate cause  
consists in an inflammatory affection,  
producing suddenly a considerable  
effusion of serum and coagulable  
lymph from the exhalents into the  
cellular membrane of the limb. This  
is perhaps the most plausible man-  
ner of accounting for the nature of



this strange disease yet offered to the medical world; yet, upon a critical examination, even this will be found insufficient to account for many of its phenomena, and in some respects at variance with the pathological doctrines of the present day, especially as regards inflammation.

D<sup>r</sup> Hull supposed the inflammatory affection to exist in the muscular, cellular and cutaneous tissues at the same time, and occasionally even to involve the neighbouring blood vessels, nerves, glands and lymphatics: but such a sudden and extensive inflammation, involving organs and parts so numerous and dissimilar, is not now believed to ever take place. Were it of the nature supposed by D<sup>r</sup> Hull we should have that florid red colour so peculiar to





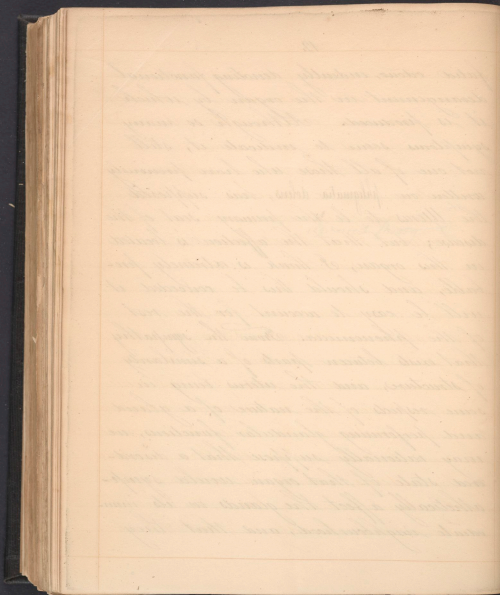


acute inflammations, in lieu of the pale  
 leuco-phlegmatic appearance of the limb  
 which invariably attends phlegmatia dolens.

Although this is a disease of the  
 puerperal state, when the uterus has  
 just previously undergone a great change  
 in its condition, and still remains  
 in a critical state to be acted upon  
 by the exciting causes of disease: and  
 although previous to the appearance  
 of the fever, swelling &c. (the more prom-  
 inent characteristics of the complaint)  
 the patient always feels the sensation  
 of pain either transient or fixed in the  
 region of the uterus — a great and  
 unnatural change takes place in the  
 lochial discharge, frequently it is  
 entirely suppressed, and when it does  
 continue to flow, it is very small  
 in quantity and exhales an extremely

X General Theory

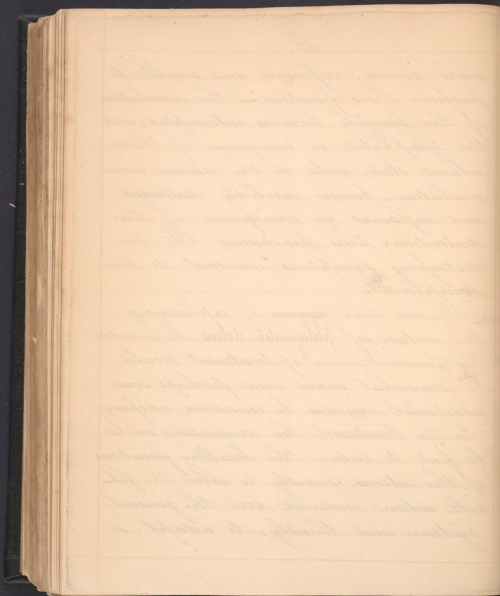
fetid odour, evidently denoting functional  
 derangement in the organ by which  
 it is produced. Although so many  
 symptoms seem to indicate it, still  
 not one of all those who have previously  
 written on *phlegmatia dolens*, has supposed  
 the uterus to be the primary seat of the  
 disease; but that the affection is located  
 in this organ, I think is extremely pro-  
 bable, and should this be conceded it  
 will be easy to account for the rest  
 of the phenomena. From the sympathy  
 that exists between parts of a similarity  
 of structure, and the uterus being in  
 some respects of the nature of a gland  
 and performing glandular functions, we  
 may rationally suppose that a discord-  
 ant state of that organ would symp-  
 athetically affect the glands in its im-  
 mediate neighbourhood, and that they



would become inflamed and unable to perform their functions — the circulation of the lymph becomes interrupted, and the lymphatics, in consequence of their relaxed state, yield to the undue accumulation, become morbidly distended and inflamed in consequence of this distention; thus producing all the distressing symptoms incident to the complaint.

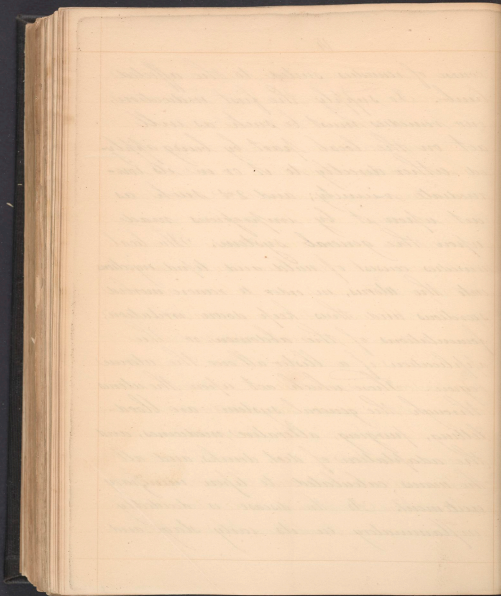
Should this manner of explaining the nature of phlegmatica dolens be conceded the present mode of treatment would be somewhat varied and perhaps some additional remedies be considered necessary.

In the treatment the indications would be first, to restore the healthy functions of the uterus. secondly, to calm the febrile action induced in the general system. and thirdly, to adapt a



course of remedies suited to the affected limb. To supply the first indications, our remedies must be such as will act on the local part by being applied either directly to it or in its immediate vicinity; and 2<sup>d</sup> such as act upon it by impressions made upon the general system. The local remedies consist of mild and tepid injections into the uterus, in order to remove morbid secretions and thus keep down irritation; fomentations of the abdomen, or the application of a blister all over the uterine region. Those which act upon the uterus through the general system are blood-letting, purging, alterative medicines, and the adaptation of diet, drinks, and all the means calculated to lessen urinary excitement. As the disease is decidedly inflammatory in its early stage, and

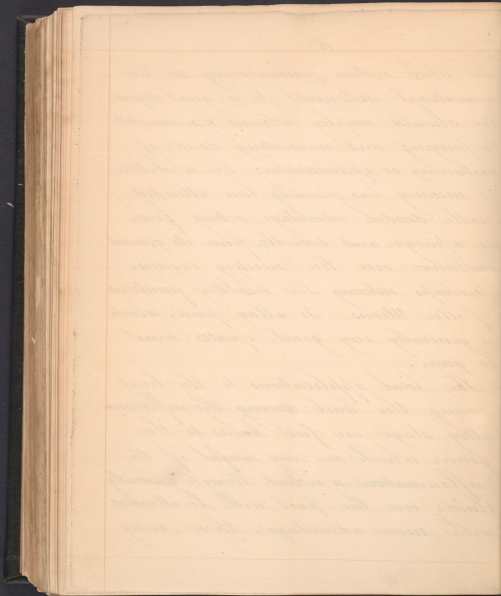






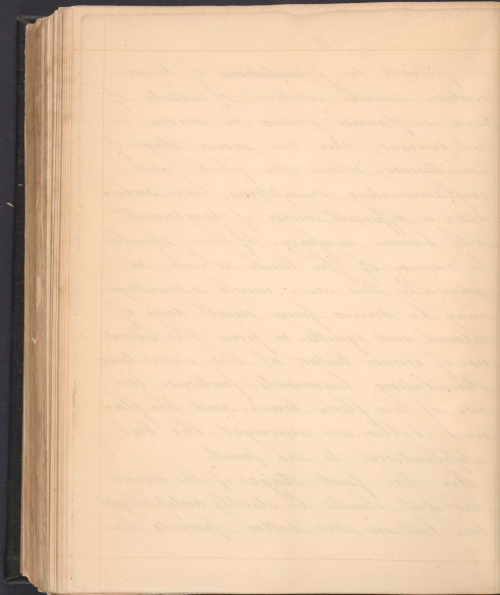
The whole system participating in the unnatural excitement to a great degree, we should employ copious &c. succeeded by purging and nauseating doses of antimony or ipecacuanha; the exhibition of mercury has generally been attended with decided advantage, acting first, as a purge, and secondly, from its general influence over the secretory organs, perhaps restoring the healthy functions of the Uterus. To allay pain, which is generally very great, opiates must be given.

The local applications to the limb during the heat during the inflammatory stage are first, leeches to the groin, which are very useful if the inflammation is violent, though generally blisters over the part will be attended with more advantage, these may



be followed by fomentations of tepid water, weak solution of acetate of lead or flannel soaked in warm or hot vinegar. In the second stage of the disease, when the febrile and inflammatory symptoms have subsided, a different course of treatment will become necessary. If there should be oedema of the limb, which is generally the case, much advantage may be derived from small doses of calomel and squills, or from the liberal use of emetic tartar, at the same time stimulating liniments, frictions, the use of the flesh brush, and the flannel roller are amongst the best applications to the part.

In the first stage of the disease the diet should be strictly antiphlogistic, but in the latter periods the



more nutritious and stimulating articles,  
together with the moderate use of  
wine, bark &c. will be necessary.

Phlegmasia Dolens

By

Albert J. Smith

of Virginia

Correct copy

Improper division of syllables p. 7

Theory base note and improbable